

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050651

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

69

FILED DEC 17 1963

## 1. PLACE OF DEATH

a. COUNTY

WRIGHT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

MTN. GROVE

Length of stay in lb

4 YRS.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

WRIGHT

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

MTN. GROVE

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

Gwendalyn MAPLE Ballew

4. DATE  
OF DEATH

Dec. 7 1963

## 5. SEX

F

## 6. COLOR OR RACE

W

## 7. MARRIED

Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

11-7-1906

## 9. AGE (last birthday)

57

## IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Bookkeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

Dodge City, Kan.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Albert Miller

## 13b. MOTHER'S MAIDEN NAME

MAPLE Hoover

## 14. NAME OF HUSBAND OR WIFE

R.T.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of)

NO

## 16. SOCIAL SECURITY NO.

R.T. Ballew

MTN. GROVE MO.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN  
ONSET AND DEATH

2 da

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Cerebral Embolism

5 da

## DUE TO (c)

2 - previous Cerebral Embolism past 15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (a.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 11/6/63 to 12/7/63 and last saw her alive on Dec. 7, 1963  
Death occurred at 2:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

W.A. Craig W.D.

## 22b. ADDRESS

Mountain Grove, Missouri

## 22c. DATE SIGNED

Dec. 11, '63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

12-9-63

## 23c. NAME OF CEMETERY OR CREMATORY

PRAIRIE Hollow

## 23d. LOCATION (City, town, or county)

DOUGLAS County MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

Max L Miller, Mansfield Mo

## 25. DATE RECD. BY LOCAL REG.

12-12-1963

## 26. REGISTRAR'S SIGNATURE

Bernice L. Schuman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 1141

2 1141

3

4 1

5 1

6

7 1

8 2

9 332x

10

11

12 90-2

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.